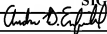


<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/609,507
	Filing Date	June 30, 2003
	First Named Inventor	Ralf Herbrich
	Group Art Unit	3714
	Examiner Name	John M. Hotaling
<input type="checkbox"/> Sent via Express Mail Label No.:	Attorney Docket Number	303875.01

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement with Form PTO/SI/08A (    pages)  <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>  <input type="checkbox"/> Drawing(s) (    sheets)  <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (    pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (    pages)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC <i>(Appeal Notice, Answer, Reply Notice)</i>  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Application Data Sheet  <input type="checkbox"/> Request for Corrected Filing Receipt  <input type="checkbox"/> Return Receipt Postcard  <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify          below):</i> <input checked="" type="checkbox"/> Issue Fee Transmittal <input checked="" type="checkbox"/> Comments on Statement of Reasons for Allowance <input type="checkbox"/> <input type="checkbox"/>
<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> (Under 37 CFR § 1.8(a)) I hereby certify that this correspondence is being: <input checked="" type="checkbox"/> electronically deposited with the USPTO on the date shown below to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (571) _____. January 4, 2006 Date <div style="display: flex; justify-content: space-between;"> <div>Signature Natal Tovar Printed Name</div> <div>Remarks    <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional          fees required, or credit any overpayments, to Deposit Account No. 50-          0463 for the above identified patent application.</div> </div>		

SIGNATURE OF ATTORNEY OR AGENT			
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